

South Jordan City Leisure Aquatic and Fitness Center

Pass Application Form for Monthly Bank EFT's

Application is hereby made for pass privileges at the South Jordan City Leisure Aquatic and Fitness Center, (the "Center") owned and operated by South Jordan City. It is understood that payment of the pass fee will entitle myself and members of my immediate family, as listed below, and as authorized by the Rules and Regulations of the Center, to use the Center during regular or scheduled hours pursuant to the terms of the Leisure Aquatic and Fitness Center Agreement.

I (and my family) agree to abide by the Center Rules and Regulations as defined in the Pass Agreement. By signing this Application, I (and my family) understand that violations of the Leisure and Aquatic Fitness Center Pass Agreement, or the violations of any local, state or federal law while using the Center, its facilities or while participating in its programs, whether on or off the Center premises may result in revocation of my pass privileges.

Primary Pass Holder Name: _____

Address: Street _____ Apt _____ City _____

State _____ Zip _____ Email Address _____

Phone: Home _____ Work _____ Mobile _____

Emergency contact: Name _____ Phone number: _____

INDIVIDUALS ON PASS: (Only two individuals age 22 or older are allowed on a family or couple pass)

Name: _____ Age: _____ Birth Date: _____ M or F

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ANNUAL PASS

	RESIDENT	NON-RESIDENT	TOTAL
Family (up to 6 people)	\$39.00	\$49.00	\$
Each member over 6 people	\$2.00	\$3.00	\$
Adult Couple (18-59)	\$30.00	\$38.00	\$
Senior Couple (60+)	\$16.00	\$16.00	\$
Adult (18-59)	\$21.00	\$25.00	\$
Senior (60+)	\$12.00	\$12.00	\$
Student (12-17)	\$12.00	\$15.00	\$
Youth (4-11)	\$10.00	\$12.00	\$

TOTAL \$ _____

ELECTRONIC FUND TRANSFER CONDITIONS:

- _____ a. **A minimum of twelve (12) months/payments are required at which time bank drafts will continue until written notice of cancellation is received from the Primary Pass Holder.**
- _____ b. The first month's payment is due at the time of enrollment after which monthly bank drafts will be processed on the 20th of each month. These payments must be taken from a checking or savings account. A voided check or savings account deposit form is required to activate the enrollment.
- _____ c. Bank accounts with insufficient funds will be charged a \$20.00 service fee, which will be in addition to the amount due. If an account has insufficient funds twice (2) over a six (6) month period, the primary pass holder shall be asked to pay the remainder of their pass balance.
- _____ d. A cancellation fee equal to the remaining balance of the annual pass will be charged if pass is terminated within the first twelve (12) months.
- _____ e. A minimum of ten (10) working days is required for any changes (I.E., address, phone, bank account, pass additions, etc.)
- _____ f. Any changes to these conditions are subject to management approval and must be submitted in writing.

I (we) authorize South Jordan City, to initiate debit entries to my (our) account _____ **Checking Account** _____ **Savings Account (select one)** indicated below at the Banking Institution named below. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Banking Institution _____

Attach a voided check for Checking Account or Savings Deposit slip for Savings Account.

This authorization is to remain in full force and effect until South Jordan City has received written notification from me (or either of us) of its termination, once the twelve (12) month obligation has been met, in such time in such manner as to afford South Jordan City and the Banking Institution a reasonable opportunity to act on it. I understand and have initialed the total listed above will be drafted monthly from my (our) account beginning on the 20th of each month.

Signature: _____ Date: _____

Amount Paid \$ _____ Method of Payment _____ Date: _____ Cashier _____